

## Application Data Sheet

### Application Information

**Application number:**

**Filing Date:**

**Application Type:** Regular

**Subject Matter:** Utility

**Suggested Classification:**

**Suggested Group Art Unit:**

**CD-ROM or CD-R:** None

**Number of CD Disks:**

**Number of copies of CDs:**

**Sequence Submission?**

**Computer Readable Form (CRF)?**

**Number of Copies of CFR:**

**Title:** DIGITAL VCO AND PLL CIRCUIT USING THE  
DIGITAL VCO

**Attorney Docket Number:** TIC-0085

**Request for Early Publication:** No

**Request for Non-Publication:** No

**Suggested Drawing Figure:** 2

**Total Drawing Sheets:** 4

**Small Entity?:** No

**Latin name:**

**Variety denomination name:**

**Petition included?:** No

**Petition Type:**

**Licensed US Govt. Agency:**

**Contract or Grant Numbers:**

**Secrecy Order in Parent Appl.?:** No

## Applicant Information

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** Japan  
**Status:** Full Capacity  
**Given Name:** Takashi  
**Middle Name:**  
**Family Name:** Aoyama  
**Name Suffix:**  
**City of Residence:**  
**State or Province of Residence:**  
**Country of Residence:** Japan  
**Street of mailing address:** 2-1, Toyoda-cho, Kariya-shi  
**City of mailing address:** Aichi-ken  
**State or Province of mailing address:**  
**Country of mailing address:** Japan  
**Postal or Zip Code of mailing address:** 448-8671

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** Japan  
**Status:** Full Capacity  
**Given Name:** Hiroshi  
**Middle Name:**  
**Family Name:** Miyagi  
**Name Suffix:**  
**City of Residence:**  
**State or Province of Residence:**  
**Country of Residence:** Japan  
**Street of mailing address:** 5-13, Nishishirocho, 2-chome  
**City of mailing address:** Joetsu-shi, Niigata-ken  
**State or Province of mailing address:**  
**Country of mailing address:** Japan  
**Postal or Zip Code of mailing address:** 943-0834

## Correspondence Information

Correspondence Customer No.: 23377

Name:

Street of Mailing Address:

City of Mailing Address:

State or Province of Mailing Address:

Country of Mailing Address:

Postal or Zip Code of Mailing  
Address:

Phone number:

Fax number:

## Representative Information

Representative Customer No.: 23377

## Domestic Priority Information

Application:                      Continuity Type:                      Parent Application:                      Parent Filing Date:

## Foreign Priority Information

Country:	Application No.:	Filing Date:	Priority Claimed:
Japan	2002-226139	August 2, 2002	Yes

## Assignee Information

Assignee name:

Street of mailing address:

City of mailing address:

State or Province of mailing address:

Country of mailing address:

Postal or Zip Code of mailing address: